



# Memorandum of Understanding (MOU): Integrating Mental Health (MH) Supports in the Educational Setting

Presenters

Date

[mimtsstac.org](http://mimtsstac.org)





# Share and Connect

Who is here?

With an elbow partner:

- Introduce yourself
- Share your role at your organization, one interesting fact about yourself ( non-work related), your “why” for attending, and what you’re most excited to learn and implement from this training

In the large group:

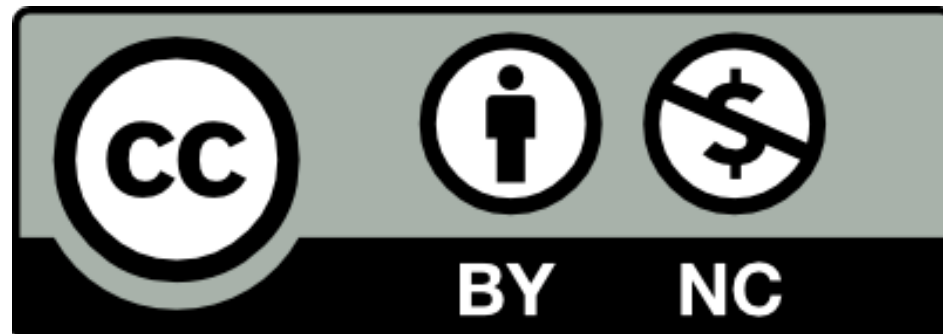
- Share out your partner’s ”why”, and what they’re most excited about learning

# Acknowledgments

The content for this training day was developed based on the work of:

- Center on Positive Behavioral Interventions and Supports (PBIS)
- Midwest PBIS Network
- Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide PBIS: Volume 2: An Implementation Guide
- Susan Barrett, Lucille Eber, and Kelly Perales - National ISF Partners
- Michigan Department of Education: Social Emotional Learning Network

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# Session Purpose

- With the components of the Memorandum of Understanding (MOU) checklist, participants will determine how to explore and install the organizational structures, processes, and systems required to integrate SEBH at the district and community/mental health level
- The MOU can lead to positive social, emotional, and behavioral outcomes for all students, by ensuring collaboration, sustainability, and implementation of services

# Session Outcomes

- Identify the components of a MOU and how the components are developed throughout exploration and installation
- Describe the exploration steps and strategies for the integration of SEBH at the district and community level
- Identify the concepts and organizational structures required to install SEBH at the district and community level
- Describe the various data metrics at the district and mental health/community organization, and how they are integrated to promote positive social, emotional, and behavioral outcomes for all students

# Getting Organized

## Resource Guide Walkthrough

- Workbook
  - Provides examples, templates, resources, and note catcher
  - Tabbed by section
- Available digitally or on paper
- Editable so you can save your own version

# Agenda

- 1.0: Introduction: Why Mental Health (MH) Integration and Introduction to the Memorandum of Understanding (MOU)
- 2.0: Readiness
- 3.0: DCIT Formation and Development
- 4.0: Data, Mission Statement and Initiative Inventory
- 5.0: Workforce Capacity
- 6.0: MOU Wrap Up and Next Steps

# Group Agreements

## We are Responsible

- Return on time from breaks
- Take care of our needs

## We are Engaged

- Share “air time”
- Plan to participate in multiple ways
  - Ask questions
- Activities
  - Record next steps in the note catcher and MOU

# 1.0: Introduction: Why Mental Health (MH) Integration and Introduction to the Memorandum of Understanding (MOU)



# Activity 1.1

- Share with an elbow partner:
  - Identify one reason that resonates with you about why we should integrate SEBH and School-based Mental Health (SBMH) in the schools?
  - Record in your note catcher

# Why Mental Health? Why in Schools?

- Many students are facing an increasing number of mental health concerns
- Youth anxiety, depression, and suicide rates are rising
  - The most recent YRBS data indicated that 40% of high school students felt persistently sad or hopeless
  - 20% of high school students reported that they had “seriously considered” suicide and nearly 9% actively engaged in suicidal behavior
- MH challenges can negatively impact educational outcomes

(CDC, 2024)

# Schools and Mental Health

- Schools are becoming the de facto setting for mental health treatment for many students
- Discussing mental health helps to reduce the stigma around mental health and increases access to support for youth
  - Empowering individuals to openly speak about their MH and encouraging equality between physical and mental health
- Public schools are uniquely positioned to address equity gaps in youth mental health
  - Financial barriers, cultural barriers, and geographical access to care amid a shortage of mental health professionals

# Social, Emotional, Behavioral (SEBH) Supports

Promote **well-being** and **mental health**:

- Social – how we interact
- Emotional – how we feel
- Behavioral – how we act



(U.S. Dept. of Ed., 2021)

# Positive Outcomes of an Integrated System

- Schools are often the first point of contact for students' mental health and can provide early intervention and support
- Integrating MH and SEBH supports in schools leads to the following:
  - Improved social, emotional, and behavioral health
  - Improved school climate
  - Reduction in response time to identify and provide MH services
  - Improved student and family satisfaction
  - Improved student achievement

(Prothero, 2020)



## Interactive Summary #1: T or F?

- MH challenges can negatively impact educational outcomes
- Schools are becoming the de facto setting for mental health treatment for many students
- Public schools are not uniquely positioned to address equity gaps in youth mental health
- SEBH promotes well-being and mental health

# Definition of a MH and SEBH Infrastructure

The district infrastructure with the integration of MH and SEBH maximizes effectiveness and efficiency by using the strengths of school and community mental health while leveraging the essential components of a multi-tiered framework of Positive Behavioral Interventions and Supports (PBIS)

# Impact on Student Outcomes

“Developing capacity for implementation at the local district and community level contributes to preventing practice abandonment, thus allowing the sustainability of effective practices that have demonstrated evidence for improving outcomes”

(Fixsen, Blasé, Metz & VanDyke, 2013)



## Activity 1.2

Individually reflect on the following prompts

- What is the value added of integrating MH and SEBH into the district community infrastructure?
- What challenges do you anticipate installing and implementing a district infrastructure and integrating MH and SEBH?
- Record in your note catcher

Be ready to share your thoughts with the large group

# Definition of a Memo of Understanding (MOU)

A MOU is a contract or working agreement between the district and mental health organization or other community group designed to create collaborative relationships

# Memorandum of Understanding ( MOU) Checklist



- Created by the MIMTSS TAC in collaboration with the National Center
- Identifies the components included in an agreement between Educational and MH/Community Organizations
- Each of the components are included in this training
- Located in your workbook

# MOU Functions

- Defines the roles and responsibilities of the parties involved
- Identifies a funding plan that articulates how all partners operate within the system
- Addresses confidentiality
- Articulates logistics such as work space
- Identifies teaming structures
- Defines systems and organizational structures
- Promotes guidelines to develop a single system of delivery

# Provisional MOU

- During installation when reviewing the components in the MOU, a draft will be created prior to implementation of the components
- As the training, coaching and installation activities occur, the MOU will change from draft or “provisionary” to a finalized document
- Every district/community organization can differ on provisional verses finalized MOU and timelines to achieve

# MH Integration, MOU and MTSS

- The (MOU) can be used to align and integrate the educational and mental health systems into a district community infrastructure using a Multi-Tiered Systems of Support (MTSS) in Education



## Activity 1.3

Individually, respond to the following reflections

- In the past, how have you developed a contract, agreement or MOU and how would this process be similar or different?
- What components would be important to consider in developing a contract between the district and mental health/community agency?
- What would be immediate next steps to begin your MOU?
- Record in your note catcher

## 2.0: Readiness

# MOU Alignment to Readiness

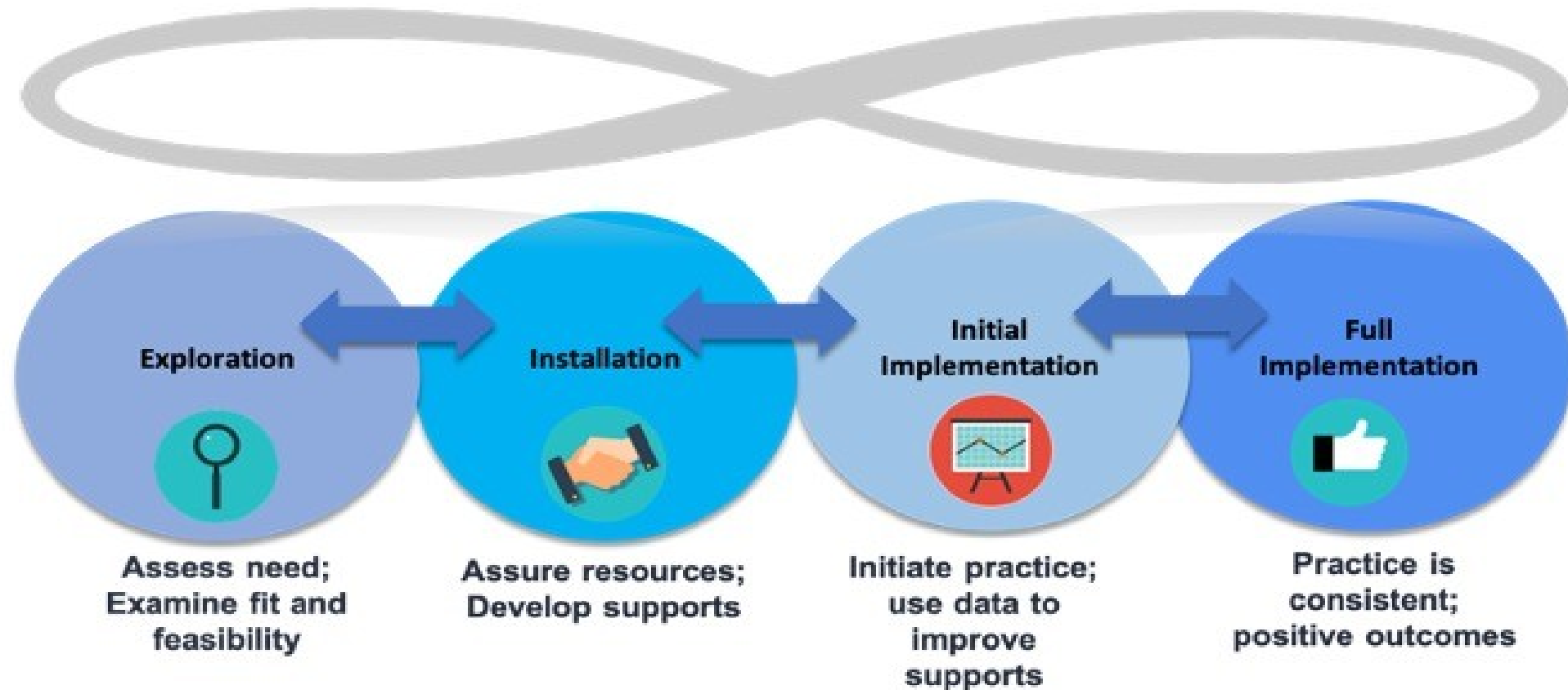


- Component #1: Intention, goals and outcomes for alignment are clearly stated
- Component #2: Organizations involved and time period of MOU are defined
- Component #4: Expectations for teaming are defined
- Component #13: Disclaimers (intentions of MOU)

# District Community Implementation Team

- District Executive Leader
- Mental Health Executive Leader(s)
- Administrator Representation
- MTSS Coordinator (s)
- Teacher Representation
- Student/Family Representation
- Behavior and Mental Health Expertise
- External Coach/Trainer (ISD/Regional or State)

# Implementation Stages



(Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005)

# Purpose of Exploration Phase

The purpose of the exploration is defined as assessing the match between innovation and consumer need

(Fixsen et al., 2005)

# Exploration Stage Questions

- Should we do this?
- How does this fit with our other priorities?
- Do we have the capacity to do this?
- How do we gain the skills and knowledge to do this?
- How will we select our district teams?
- Who will be the champion or sponsor of this work?



## Activity 2.1

- Individually, identify one word or phrase around the the purpose of the exploration stage
- As a table group, use the chart paper to record your individual responses
- Identify a reporter to share out your group responses on chart paper

# Possible DCIT Scenarios During Exploration

- Scenario 1: District team had a community mental health partner who was engaged with work in the district
- Scenario 2: District was in the process of developing a relationship with a MH/community agency
- Scenario 3: District invites different stakeholders to meet with the district team to determine need, fit and feasibility
- Scenario 4: MH or Community partners are the initiators and approach the district to determine need, fit and feasibility

# Exploration Process

1. Establish an Exploration Team
2. Examine Current Partnerships
3. Assess Related Initiatives
4. Establish a Shared Understanding of MH and SEBH
5. Determine Benefit and Decision to Adopt
6. Form the District Community Implementation Team (DCIT)

Adapted from Implementation Guide Advancing Education Effectiveness: Interconnecting School Mental Health and School Wide PBIS: Volume 2: An Implementation Guide – Chapter 3

# #1: Establish an Exploration Team

- Key leaders initiate dialogue with mental health and child service agencies to develop an executive leadership exploration team
- Member Selection Criteria:
  - Knowledge of current status of mental health and behavioral initiatives within their organization
  - Individuals that can speak to larger organizational structures

Implementation Guide Advancing Education Effectiveness: Interconnecting School Mental Health and School Wide PBIS: Volume 2: An Implementation Guide – Chapter 3

## #2: Examining Current Partnerships

- Discussions with current partnerships to address the differences in this new way of work including potential organizational barriers and allocation of resources
- Assess status of current partnership
- Make recommendations about schools that may be exhibiting readiness
- Review any potential Memo of Understanding (MOU)

Implementation Guide Advancing Education Effectiveness: Interconnecting School Mental Health and School Wide PBIS: Volume 2: An Implementation Guide – Chapter 3

## #3: Assessing Related Initiatives

- Understand all SEBH innovations, practices, assessments at both the district and community levels
- Develop an audit of innovations, practices, programs, and assessments that are currently in place within the district
- Expand the inventory to include community initiatives
- Examine if current SEBH initiatives are being evaluated effectively enough to determine if the resources being allocated are producing the desired outcomes

Implementation Guide Advancing Education Effectiveness: Interconnecting School Mental Health and School Wide PBIS: Volume 2: An Implementation Guide – Chapter 3

## #4: Assessing the Shared Understanding of MH and SEBH

- Ensure shared understanding of an integrated system of SEBH and Mental Health within schools
- Determine the current status of MTSS structures and implementation
- Assess capacity to engage in the work

Implementation Guide Advancing Education Effectiveness: Interconnecting School Mental Health and School Wide PBIS: Volume 2: An Implementation Guide – Chapter 3

## #5: Determine Benefits and Decision to Adopt or Not

- The executive exploration team transforms into a large stakeholder group
- This team reviews and determines the process needed to move from exploration/adoption into installation
- As mental health organizations move toward a single system of delivery, guidance will be beneficial to address the changing role of the clinician and leadership

## #6: Forming the District Community Implementation Team

- Integrated way of work involves organizational change requiring active leadership from those who have the authority to do the following:
  - Change policy
  - Blend funding streams
  - Re-position personnel and procedures for impact at the school level
- If we focus on School level installation without DCIT, there will be barriers that stall implementation



## Interactive Summary #2: T or F?

- Accessing need, examining fit, and feasibility are components of exploration and readiness
- Determining benefit and decision to adapt is one of the steps in the exploration process
- A district/community partner needs to develop an exploration team in order to progress through the exploration process
- Mental health or community partners can't be the initiators to approach a district for collaboration

## Activity 2.2: MOU Readiness Reflections

- Focus on one step (1-5) and identify specific activities and strategies that would help the team work through that step
- Identify any next steps around exploration such as selection of a mental health/community partner or strengthening current partner collaboration utilizing strategies discussed
- If you've already moved into installation are there any additional exploration/readiness activities that would be beneficial to increase sustainability?
- Review MOU Alignment and record your thoughts in the note catcher

## 2.0: MOU Alignment to Readiness



- Component #1: Intention, goals and outcomes for alignment are clearly stated
- Component #2: Organizations involved and time period of MOU are defined
- Component #4: Expectations for teaming are defined
- Component #13: Disclaimers (intentions of MOU)

## 3.0: DCIT Formation and Development

# MOU Alignment to DCIT Formation and Development



- Component #4: Expectations for Teaming are Defined
- Component #5: Expectations for Communication are defined
- Component #7: Staff roles and responsibilities are defined

# MOU Alignment to DCIT Formation and Development



- Component #9: Policies for confidentiality are procedures are defined
- Component #14: Terms and responsibilities of risk sharing



# Activity 3.1

## Small Group Discussions:

- Think about a team you are on or have been a part of?
  - What was the function of the team?
  - What was one feature of a positive team structure or process?
  - What were the challenges?

In your small groups, discuss the prompts above. **Identify 3-5 features of a positive team structure or process.**

Record your responses in your note catcher

# What is the Function of the DCIT?

This sub-section will describe the role of the DCIT, and their contributions and perspectives related to Mental Health (MH) and Social, Emotional, and Behavioral Health (SEBH) integration

# District Community Implementation Team (DCIT) Description

An integrated team that oversees the development and use of a district community implementation infrastructure to support schools to expand the PBIS work to include SEL and mental health services at all three tiers

# DCIT Description Key Words

An **integrated** team that **oversees** the development and use of a district community **implementation infrastructure** to **support schools** to **expand the PBIS work** to include mental health services at all three tiers

# Existing District Organizational Structures

- A school district is comprised of the following structures each with its own function:
  1. Board of Education
  2. Executive Leadership (includes Superintendent)
  3. Administrative Team
- Each of these structures is necessary to support the development of a District Community Implementation infrastructure and implementation of an integrated framework

# Existing Mental Health Organizational Structures

- A mental health/community organization is comprised of the following structures each within its own function.
  1. Executive Leadership( Director)
  2. Other
  3. Other
- Each of these structures is necessary to support the development of a District Community Implementation infrastructure and implementation an integrated Framework



## Activity 3.2

- Reflect individually and record at least 1-2 responses and share with an elbow partner
  - What are the benefits of an integrated team at the district/community/school level?
  - What are the challenges of an integrated team at the district/community and school level?
- Record your responses in the note catcher

# DCIT Membership

- Essential Roles
  - Executive Leaders-District and Mental Health Director
  - Coordinator(s)- district or shared with mental health
  - Family/Youth as active team members
- Other Roles
  - Building level leaders
  - Program directors
  - Clinical supervisor

# Key Roles

## Coordinator (s)

- Facilitate DCIT meetings
- Draft, monitor, prompt use of district processes and procedures (e.g., implementation plan, communication plan)
- Facilitate analysis of district/community data
- Facilitate coaches' meetings and support school leadership team coaches and mental health clinicians

## Executive Leaders

- Participate in DCIT meetings
- Ensure political support and visibility for district/community processes and procedures
- Allocate resources/funding to support implementation
- Support barrier removal
- Ensure collaborative partnerships and outcomes

# DCIT Functions

- Inventory and ensure alignment among all practices and assessments used to support students' social, emotional, and behavioral needs
- Analyzes both district and community mental health data sources to support implementation
- Ensures communication amongst groups/teams across the district, the mental health agency and the community
- Provides an avenue for executive leaders from the district and mental health agency to work together to change policy, blend funding streams, reposition personnel and adapt procedures

## DCIT Functions (cont.)

- Gather barriers impeding community/district implementation efforts and work to actively remove those barriers
- Establish consistent routines and procedures that ensure adherence to the core features of MTSS and MH (e.g., staff handbook or district guidelines document)
- Ensure workforce capacity
- Discuss strengths and needs related to the district's capacity to replicate and scale up MH and SEBH across other schools within the district

# Personnel to Support Implementation at District and School Level

- District
  - Executive Leaders and MTSS Coordinator (s)
  - District Community Implementation Team
  - District Data Coordinators
- School
  - School Leadership Team Coaches (including school and mental health)
  - School Leadership Teams (including school administrator and mental health)
  - Grade Level Teams (Elementary)/Department Teams (Secondary)
  - Multidisciplinary Teams (including school and mental health)

# Time Allocation

- Adequate time needs to be allocated for district, mental health, and school staff to engage in professional learning and team meetings
  - MH and SEBH professional learning
  - Monthly meetings for district and school teams (e.g., DCIT, SLT, grade level, department)
  - Professional development for school and mental health staff
  - Time during Staff Meetings



## Activity 3.3

With your table group, reflect and discuss the following prompts:

- What team do you have already? District leadership, Continuous Improvement, Implementation Team?
- Who is on this team?
- What is your role on your current team/organization? How would it look differently on a DCIT or supporting a DCIT?
- Who might you partner with to enhance mental health in your district?
- How does this partnership enhance our MTSS vision and mission?

# What are the Processes and Procedures of DCIT?

- This subsection will increase understand the processes being used for structuring effective and efficient DCIT meetings and identify processes and procedures

# DCIT Operating Procedures

- Standard ways of work to ensure efficient and effective meetings
  - Established meeting schedule
  - Defined meeting roles and norms
  - Shared Mission statement
  - Decision-making protocols
  - Decisions for storing and organizing team minutes and documents
  - Agenda/meeting minute template
  - District/Community Implementation plan template and decisions

## DCIT Operating Procedures ( cont.)

- Communication: The MOU documents how all parties are communicating and collaborating
- Confidentiality between the district/school and mental health/community partner(s) are documented in the MOU
  - See confidentiality document in workbook



## Activity 3.4

- Check-in on Confidentiality
- With a partner: Identify the following:
  - What is one question you have about confidentiality between a district, school and mental health partner?

# Laws Regulating Information Sharing

There is a need to protect all identifying student and family information by adhering to regulations from state, federal, and local statutes required of both mental health providers and school personnel is guided by:

- FERPA( Family Educational Rights Act)
  - Access is permitted under the condition of “school officials with legitimate educational interest.” 34 CFR 99.31
- HIPAA(Health Insurance Portability and Accountability Act of 1996)
- Michigan Mental Health Code 330.1748

# Core Confidentiality Principles (All Tiers)

- Protect all identifying student, family, and staff information
- Follow federal, state, and local regulations
- Share information on a need-to-know basis only
- Use information solely for problem-solving purposes
- Obtain written consent when required before sharing information

# Confidentiality Across the Tiers

Tier	Focus	Student Identifiers	Who Has Access	Consent
<b>Tier 1 – Universal</b>	Systems & prevention (all students)	<b>None</b>	Schoolwide team	<b>Not required</b>
<b>Tier 2 – Targeted</b>	Early intervention (some students)	<b>Limited</b> (need-to-know)	Authorized Tier 2 team	<b>Sometimes</b>
<b>Tier 3 – Intensive</b>	Individualized supports (few students)	<b>Extensive</b>	Essential personnel only	<b>Required</b>



## Activity 3.5

- As a table group/ or DCIT, review DCIT Operating Procedures and respond to the following prompts
  - What specific components do you find will lead to more efficient and effective meetings?
  - What questions do you have about potential challenges you may encounter?
  - What would you add around confidentiality and communication? How is it reflected in the MOU?



## Interactive Summary #3: T or F?

- Both executive leaders from the district and community partner participate on the DCIT team
- Establishing a team operating procedures is part of the installation process
- Confidentiality only protects student identifying information
- DCIT analyzes both district and community mental health data sources to support implementation

# DCIT Formation and Development Next Steps

DCIT with Coordinator(s) and Executive Leader meet to:

- Assign team meeting roles
- Confirm decision-making protocols with district and community mental health partnerships
- Review DCIT Formation and Development components in the MOU
- Review note catcher activities from professional learning training to determine any action items



## Activity 3.6 MOU DCIT Development Reflections

- Review next steps slides and reflect on the following prompts
  - Why is it important to have the roles and responsibilities as a component of the MOU and defined in the DCIT operating procedures?
  - What would be the challenges if they are not identified?
  - How would the teaming procedures and processes create an efficient and effective collaborative relationship between parties and how is that illustrated in the MOU?
- Review MOU alignment and record reflections in your note catcher

## 3.0: MOU Alignment to DCIT Formation and Development



- Component #4: Expectations for Teaming are Defined
- Component #5: Expectations for Communication are defined
- Component #7: Staff roles and responsibilities are defined

## 3.0: MOU Alignment to DCIT Formation and Development



- Component #9: Policies for confidentiality are procedures are defined
- Component #14: Terms and responsibilities of risk sharing

# 4:0: Data, Mission Statement and Initiative Inventory

# MOU Alignment to Data, Mission Statement and Initiative Inventory



- Component #8: Routines and procedures for data tracking are defined
- Component #12: Terms and responsibilities for funding are defined

# Outcomes for Data, Mission Statement and Initiative Inventory

- Establish a time to determine shared priorities using existing district and community data
- Understand the importance of a shared mission statement
- Understand the purpose of an Initiative Inventory

# Review Existing Data

- Traditional School
- Expanded School
- Community
- Staff
- Capacity
- Implementation

# Traditional Data

- Office Referral
- Attendance rates for students and staff
- Academic data
- Graduation rates
- Minor incident reports and instructional time
- Universal screening data

# Expanded Data

- Teacher ratings of student social-emotional behavior/effort
- Student, staff, and family focus groups
- Family screener
- Climate data
- Nursing/School logs
- Demographic information
- Juvenile justice interactions
- Hospitalizations
- Emergency room visits suicide ideation/attempts
- COVID rate/impact
- Student referrals for outside mental health supports or hospitalizations

# Community Data

- Demographic data for the school/neighborhood, community and/or district
- Socio-economic status, free and reduced lunch rates
- Homelessness rates
- Incarceration rates
- Issues related to families' immigration status
- School and workplace violent incidents
- Military deployment schedules

# Staff Data

- School Climate Survey (available in PBIS Apps)
- Personal/sick days
- Professional Quality of Life Scale (<https://proqol.org/>)
- Walkthrough/Informal conversations

# Capacity and Implementation Data

## Capacity Data

- District Capacity Assessment (DCA)

## Implementation Data

- School Wide Tiered Fidelity Inventory (SWPBIS TFI)

# Data Analysis Steps

District/Community Leaders will:

1. Review existing district/school and community/mental health data
2. Develop a data summary to present to the DCIT
3. Prioritize the needs based on data summary with the DCIT
4. Create a shared mission statement between the district and community/mental health partner

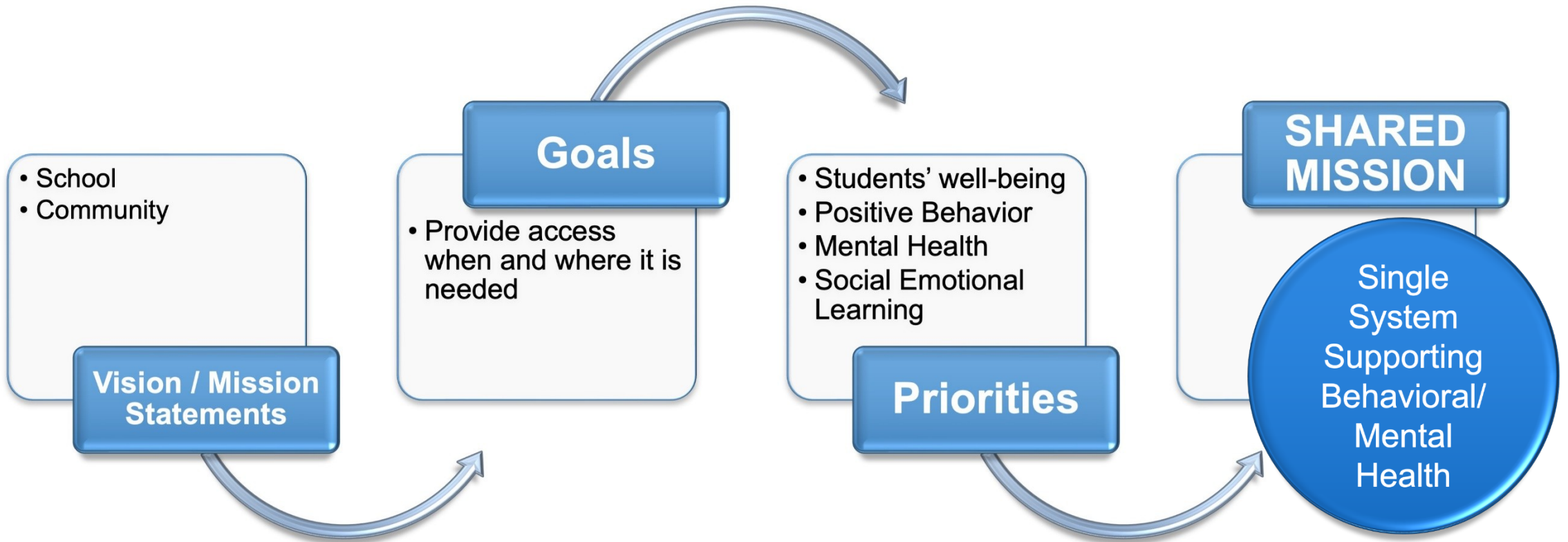


# Activity 4.1

- In Small groups:
  - What types of data would be most helpful at the district and school to review?
  - What types of expanded, and community/MH data could be reviewed?
  - How could a data summary impact DCIT priorities?

Record your feedback in your note catcher

# Creating a Shared Mission



## Example: U-46 Mission

- The mission of the U-46 School and Community Alliance is to:
  - Create
  - Integrate
  - Leverage existing and new school/community partnerships
  - Develop a full continuum of systemic interventions based on data

## U-46 Example: 3 Intervention Tiers

- Systems for promoting healthy development and preventing problems
- Systems for responding to problems as soon after onset as is feasible
- Systems for providing intensive care

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# Creating a Mission Statement

- Review the shared Mission statement components, proposed strategy, example from U-46, and any current mission statements from the district and Mental Health/Community partner
- Begin to draft a mission statement formalizing a shared vision with mutual goals
- Make a plan to finalize the Mission Statement, and communicate with the district and mental health organization
- The steps listed above would be examples of actions (activities) to add to your note catcher



## Activity 4.2

- Individually review the following:
  - Shared mission statement components/graphic, proposed strategy, example from U-46, and any current mission statements from the district and mental health/community partner
- With a partner: reflect on the following questions
  - How do you begin to draft a mission statement formalizing a shared vision with mutual goals?
  - How would you communicate with the district and mental health organization about the mission statement?
- Record your thoughts in the note catcher

# Initiative Inventory Purpose

- To provide an overview picture of existing social, emotional, and behavioral related initiatives or programs available to the larger community
- Determine the effectiveness, relevance, and fidelity for for each program or initiative
- Determine funding and resource allocation
- Determine areas of redundancy or gaps in support

( adapted from NIRN)

# MH and SEBH Initiative Inventory Outcomes

- Clarify the purpose of district and mental health and community structures
- Identify each team or committee
- Determine how new partners and teams will fit within existing structures
- Inform selection decisions when leveraging existing and new staff
- Identify opportunities to align or eliminate related initiatives

# ISF Initiative Inventory Process

Name of Initiative	What is connection to DCLT mission?	What personnel are involved in the implementation?	What is expected outcome?	What evidence of outcomes are there thus far?	What is financial commitment and source of funding?	What fidelity measures exist?	What professional development exists including coaching and performance feedback?
<b>PBIS</b>	<b>School climate and culture</b>	All Staff	Reduction in suspensions, ODRs, restrictive placements	Improved suspension, ODR and restrictive placements	District Coach FTE, Stipends for building coaches, & professional development	Tiered Fidelity Inventory	Quarterly coaching for building coaches; PD for new staff; On-going PD and coaching for all staff
<b>Social Emotional Behavioral Skills Curriculum</b>	<b>School climate and culture through social and emotional learning</b>	<b>School counselors and social workers</b>	Improved skills for students in grades K-5	Reduction in ODRs from last school year	Purchasing curriculum plans for each grade level & professional development for integrating into academic content	Self-report of counselor or social worker	None
Wellness	Increasing awareness of whole child	All Staff	Increased awareness of mental health issues	<b>Unknown</b>	Paying for materials for each teacher	<b>None</b>	1 hour PD for staff
Bullying Prevention, •Stop, Walk, Talk	Aligns with PBIS framework	All elementary staff	Increased awareness of interactions and respect for self and others	SWIS data shows reduction in ODRs for bullying behavior	None	Part of fidelity check for PBIS – TFI	Teachers receive ongoing PD, coaching and TA from district and building coaches
Suicide Prevention	Increasing awareness of whole child	All high school staff	Increase awareness	<b>Increase in suicide ideation and attempts</b>	None	None	8 hours of PD for all staff

# ISF Initiative Inventory Steps

- Use the ISF Inventory to identify all social-emotional-behavioral related initiatives or programs
- Organize, align, or eliminate based upon overlap, effectiveness, relevance and fidelity
- Develop a schedule for ongoing review of initiatives
- Items for conversation are flagged in red, and action to be taken by the DCIT
- Identify items of discussion, decisions, and action steps

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An Implementation Guide

# Conducting an Initiative Inventory

- Your Executive Leaders and Coordinator (s) would facilitate a review of the Initiative Inventory with the DCIT
- Flag any items in red font for conversation and action to be taken by the DCIT
- Use the example inventory and discussion for DCIT to guide your process
- When setting up your initiative inventory consider using your implementation/action plan to help monitor our progress toward completion.



## Interactive Summary #4: T or F?

- A community partner does not participate in the development of the initiative inventory
- The mission statement includes community and district goals
- ISF Inventory identifies all social-emotional-behavioral related initiatives or programs
- Identifying community/mental health and district data are the first step in generating a mission statement



# MOU Reflections Activity 4.3

## Individual Reflections:

- Why is it important to use data from the school/district and community? Is data identified in the MOU?
- How does the mission statement guide the work of the DCIT and how is it communicated in the MOU?
- How does the ISF initiative inventory delineate the work at the school/district and community levels?
- How does the ISF initiative inventory integrate the work at the district/school and community and support mutual goals and coordinated action planning?
- Review MOU alignment and record reflections in note catcher

## 4.0: MOU Alignment to Data, Mission Statement and Initiative Inventory



- Component #8: Routines and procedures for data tracking are defined
- Component #12: Terms and responsibilities for funding are defined

## 5.0: Workforce Capacity

# MOU Alignment to Workforce Capacity



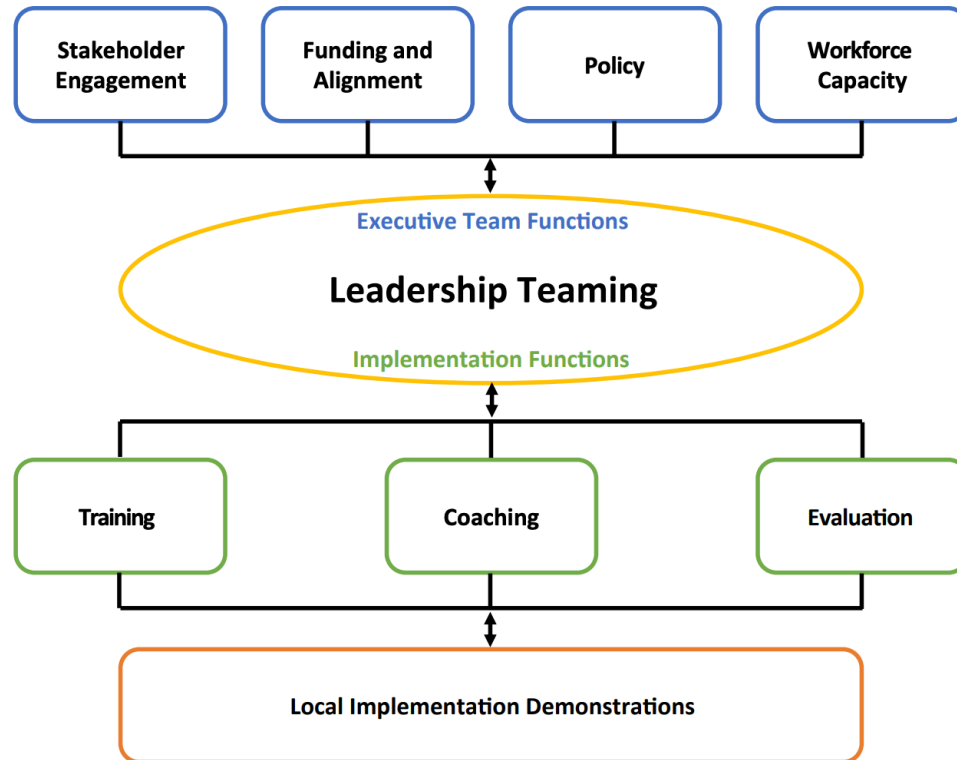
- Component #3: Logistics for shared space, supplies, etc. are clearly defined
- Component #6: Expectation for supervision, coaching, and professional learning
- Component #7: Staff roles and responsibilities are defined

# MOU Alignment to Workforce Capacity (cont.)



- Component #10: Policy and procedures for crisis response is defined
- Component #11: Request for assistance procedures are defined
- Component #14: Terms and responsibilities of risk sharing

# Resource Considerations



- Workforce
- Alignment of Responsibilities
- Funding
- HR Policies

# Inventory the Workforce Capacity

- Who is available?
- What are the current parameters of their assignment?
- Map out who and how current needs are being met
- Identify any gaps and overlap of services
- Will modifications or shifting of staff need to occur?
- **School Employed Clinicians**  
school counselors, social workers, psychologists, 31n counselors
- **Mental Health Employed Clinicians or other professionals**  
mentors, case managers, behavior specialists



## Activity 5.1: Quick Check In

With an elbow partner, identify roles ( district, school, and mental health organization) that you may think would need to be modified if working in a MH and SEBH integrated system

# Aligning Resources

- **Critical Resources**

- Qualifications and Responsibilities
- Time Allocation for the work
- Financial allocations

- **Support To Get Started**

- MiMTSS TAC Website Job Descriptions
- High Quality Recruitment and Selection Process Webinar
- 2-hour training offered 2x per year

# Workforce Capacity

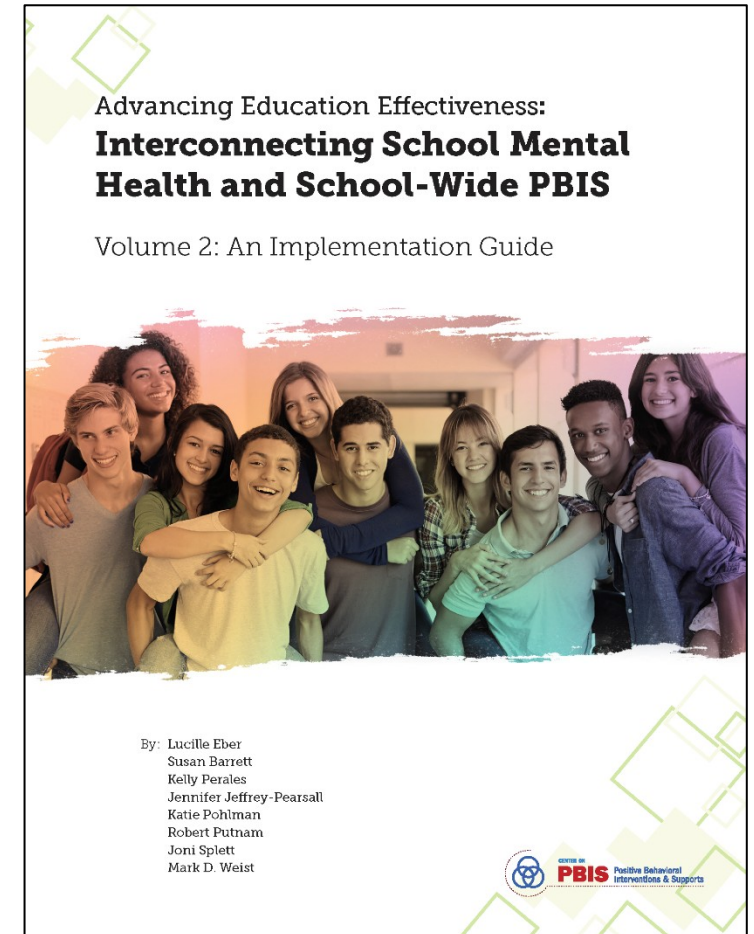
- To determine how staff resources should be allocated within an integrated system, the executive leaders assess the current workforce capacity to identify:
  - Qualifications and skills
  - Allocation of time
  - Identified job activities, roles, and responsibilities
  - How both education and mental health/community personnel will be supervised and evaluated
  - Allocation of fiscal resources

# Workforce Capacity Considerations for an Integrated System

- Availability of staff that can effectively design and deliver interventions across the three tiers
- Nonteaching staff such as counselors, psychologists, social workers are providing social emotional-behavioral interventions
- Community employed clinicians or other professionals such as mentors, case managers, behavioral specialists who deliver interventions within the school
- Executive leaders shifting role/function to build capacity of everyone to provide SEBH and MH skills

# Tool: Changing Roles of Staff District Level Discussion Guide

- Purpose: To support the executive leaders and DCIT to facilitate discussions with various staff groups
- Goal: To move from discussion to action planning around systems change to better support the SEBH and MH needs of all youth



# Changing Roles of Staff Process

- Divided into three topic areas to provide an organizational structure and to promote cross group collaboration
  - Readiness, Resource Allocation, Professional Development
- Each section includes
  - Guiding questions
  - Prompts to consider other stakeholder voices
  - Potential activities to complete

# Final Selection

- A high-quality staff selection process to support MH and SEBH individuals leads to the following:
  - Mutual agreement to fulfill the position
  - Support the need for MH and SEBH positions and roles
  - Values continuous improvement and data-based decision making
  - Receptive and open to feedback
- Staff are intentionally set up to do their job well, resulting in better implementation and improved social-emotional-behavioral health



## Activity 5.2

- Individually Locate the “Changing Roles of Staff” (District Level Discussion Guide) and take 4-5 minutes to review
- With a partner:
  - Identify how the existing processes in your district and mental health/community agency for recruiting and selecting staff are similar or different from the information presented in this session?
  - Identify one item that is **new learning**, one item that **reinforced prior learning**, **one question** that you may have and record in note catcher

## DCIT Workforce Alignment: Next Steps

- Respond to questions on the Changing Role of Staff District Discussion Guide including identified audience
- Identify next steps around recruitment and selection in your Implementation/action plan
- Make a plan to finalize the district and community recruitment and selection process by documenting written guidelines utilizing the Changing Roles of Staff Discussion Guide

# All Participants Workforce Alignment: Next Steps

- Determine who would need to be present to accurately map the current workforce to support MH and SEBH
- Begin to list the people who need to be included in the workforce alignment process
- How can the "Changing Roles of Staff" District Level Discussion Guide support conversations/rationales with human resources to meet the needs of your integrated system?



## Interactive Summary #5: T or F?

- Alignment of responsibilities is a resource consideration for workforce capacity
- The inventory of workforce capacity does not consider school social workers or counselors as coaching roles
- The purpose of the Changing Roles of Staff Discussion guide is to support the executive leaders and DCIT to facilitate discussions with various staff groups



# MOU Reflection Activity 5.3

Review next steps slides and reflect on the following prompts

- How is the changing role of staff necessary in forming an integrated district and community infrastructure?
- How can the "Changing Roles of Staff" District Level Discussion Guide support conversations/rationales to meet the needs of your integrated system?
- How would identifying an integrated coaching system in the MOU enhance and sustain implementation?
- Review MOU alignment and record next steps in your note catcher

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## 6.0 MOU Wrap Up and Next Steps

# MOU Finalization

- The purpose and need for revision of the MOU has been discussed throughout the session today
- The core components of a MOU have been identified and examined including the following:
  - Mutual goals and desired outcomes
  - Roles and responsibilities of all staff in this new integrated system
  - Concepts of funding, confidentiality, and policy
  - Expectations for communication, supervision, and professional development



# Activity 6.1

## Individually Identify:

- The overall purpose of the MOU
- One or two items that were new learning
- A MOU component that you can address/document after participating in this session
- One item that you have a question about or need more information

Record your thoughts in the note catcher

# Moving Forward with MOU Development

- Compare your draft MOU to the ISF MOU checklist to determine if additional language or items needs to be added
- Highlight areas to strengthen
- Identify any questions and record any next steps on your action plan or next steps
- Make a plan to finalize the MOU and set an annual date to review

# Next Step Considerations

- Review all activities/reflections in note catcher to determine action items
- Reflect on the next step slides in each section and determine how they could apply to your educational or organizational setting
- Share power point, note catcher, and resources with stakeholders in your district or MH organization
- Attend the virtual follow up session as an additional resource and support as you plan your next steps and action plan
- Consider inviting team members to attend this session next year



## Ticket out the Door: 6.3

- Individual Reflection
  - What was the most valuable piece of learning for you today?
  - What was something that reinforced prior learning?
  - What is one action you can take from today's learning?
  - What lingering question do you have?

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